

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service 04/27/01?
b. The request was received on 03/20/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 08/30/01
 - b. HCFA-1500
 - c. EOB
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. The requestor did not submit two copies of additional documentation as required per Rule 133.307 (g)(3). Therefore, no documentation was forwarded to the insurance carrier. The findings and decision will be based on the documentation submitted by the requestor on 03/20/02.
3. Confirmation of Commission's request for two copies of additional documentation is reflected as Exhibit II.

III. PARTIES' POSITIONS

1. Requestor: letter dated 08/30/01
"The amount charged for this procedure we believe to be fair and reasonable. We have not had many disputes from other carriers, it is my understanding that the insurance carriers are to be consistent with the amount that they reimburse and since the other carriers see fit to reimburse this practice at or near the requested rate, I expect the other carriers to do so as well."

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only date of service eligible for review is 04/27/01.
2. The carrier's EOBs have the denial "M – THE REIMBURSEMENT FOR THE SERVICE RENDERED HAS BEEN DETERMINED TO BE FAIR AND REASONABLE BASED ON BILLING AND PAYMENT RESEARCH AND IS IN ACCORDANCE WITH LABOR CODE 413.011(B)."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MAR	REFERENCE	RATIONALE:
04/27/01	22899	\$10000.00	\$506.00	M	DOP	Texas Workers' Compensation Commission Act & Rules, Sec. 413.011 (d), Rule 133.307 (g)(3) MFG, General Instructions (III)	The Commission case file contains no response from the carrier and the requestor did not submit additional documentation required by Rule 133.307 (g)(3). The MFG, GI (III) states, "(DOP) in the ...(MAR) column indicates that the value of this service shall be determined by written documentation attached to or included in the bill." This places the burden on the provider to show that the amount requested is fair and reasonable. The provider has not submitted any reimbursement data to show that the amount of reimbursement requested is fair and reasonable or that the amount of reimbursement received is not fair and reasonable. Therefore, no additional reimbursement is recommended.
Totals		\$10000.00	\$506.00				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 25th day of June, 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.